wave of short contractions, which were very intense, appeared in the muscle. Rumpf considers this phenomena to be almost a pathognomonic concomitant of traumatic neurosis; but Winscheid is not inclined to attach so much importance to it, believing it, however, to be of considerable corroborative value. After twelve weeks' treatment with electricity the arm was quite well; the right biceps once more felt tense and hard when the arm was bent, the disturbances of sensation were very markedly lessened, and Rumpf's reaction could only be brought out in the weakest sort of a way.

Rumpf observed this phenomena which is now associated with his name in many cases of traumatic neurosis, and explains it by considering that "there is a high grade of disturbance in the collective motor apparatus going from the spinal cord to the muscle," and considers that the spinal cord always participates in allowing its manifestation; but he also adds that "occasionally it is perhaps possible for a disturbance in the nerve alone, or in the muscle is sufficient, to cause the symptom without any genetic assistance from the cord."

This explanation, if such it can be called, is very obscure and we must look farther for some reason based on physiological facts. J. C.

## ACROMEGALY

(Brit. Med. Journ., April 23, 1892.) At a meeting of the Hunterian Society, March 23, '92, the president, F. Gordon Brown, showed a well-marked case of acromegaly in a clergyman, aged 40. His father died at 68 of idiopathic anæmia, his mother was epileptic, and an uncle died of phthisis. He had rheumatic fever at the age of nine, and a mitral diastolic murmur was audible for some years after. For ten years past he had suffered from right frontal headache, intensified by overwork, with palpitation and shortness of breath for the past six months, as well as acid perspiration and thirst; no other pains. The hands were so large that they required No. 9 gloves, and the feet were also large. The face was oval, lengthened and slightly one-sided, the lower jaw thickened and prominent, especially at the symphisis. There was much prominence of the temporal ridges, zygoma, temporal and occipital protuberances and ridges; also the alæ, and the tip of the nose and the lobes of the ears were enlarged; the lower lip was thickened and enlarged. The tonsils were large and the pharyngeal linings in folds. The head was carried forward, the lower spinal curvature being exaggerated. The sternum, clavicle, and ribs were enlarged, and there were small molluscum fibrosum growths on the chest and arms. The arms were battledore shaped and remarkably enlarged, especially the parts supplied by the median nerve. Pulse 110 to 130; urine normal. The patient was improving under antipyrin and arsenic. J. C.

## THE CEREBRAL ATROPHIES OF CHILDHOOD.

M. A. Starr, M.D. (Medical Record, January 23, 1892). Hemiplegia, sensory defects, and imbecility occurring with or without epilepsy in children, are chronic diseases, incurable by medical treatment. Any means which may be legitimately used to save the individual from a life of invalidism is to be employed. The pathological conditions producing these symptoms may be either gross defects and atrophies of the brain, or an arrest of development in the cerebral cells, without any change apparent to the naked eye. It is impossible at present to determine absolutely the pathological condition present in any given case, without an exploratory operation. Such operations are not without danger, but if caution is used in opening the dura, and if the operation is made as short as possible, the dangers are avoided. When manifest atrophies are present, the operation will not produce any result. When there is arrested development of cerebral tissue it may prove of service. If cysts, clots, or tumors are found and removed, the chance of recovery is increased. Where the skull is markedly microcephalic from early union of the sutures, the increased space given the brain by operation appears to stimulate its growth. Epileptic attacks are commonly reduced in frequency and modified in character by craniotomy. When the opening in the skull remains covered only by the soft tissues, it appears to act as a safety-valve, allowing changes in the intra-cranial contents to occur without causing brain pressure. While hemiplegia, aphasia, athetosis, and sensory defects have been relieved by operation, it is still impossible to predict to what extent imbecility may be relieved. Reports of cases should be made in full, and not within six months of the time of operation, as conclusions cannot be reliable unless reached from long observation. A. F.